



13281 U.S.PTO
120203

Atty. Dkt. No. 036762-0103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kathleen K. Martin

Title: PROPHYLACTIC DEVICE

Appl. No.: Unknown

Filing Date: 12/02/2003

Examiner: Unknown

Art Unit: Unknown

16235 U.S.PTO
10/724864
120203



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kathleen K. Martin
1850 North Road
Laytonville, CA 95454

[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (19 pages).

[X] Informal drawings (7 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

[X] Declaration and Power of Attorney (3 pages).

[] Assignment of the invention.

- Assignment Recordation Cover Sheet.
- Small Entity statement.
- Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- Information Disclosure Statement.
- Form PTO/SB/08 with copies of ___ listed reference(s).
- Application Data Sheet (37 CFR 1.76).
- Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total Claims:	72	- 20 = 52	x	\$18.00 =	\$936.00
Independents	6	- 3 = 3	x	\$86.00 =	\$258.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
Surcharge under 37 CFR 1.16(e) for late payment of filing fee			+	\$130.00 =	\$130.00
				SUBTOTAL: =	\$2094.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$2094.00

- A check in the amount of \$0.00 to cover the filing fee is enclosed.
- The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be

enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 2, 2003

By Mary Michelle Kile

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